PART B - FEE(S) TRANSMITTAL

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MUIRHEAD AND SATURNELLI, LLC 200 FRIBERG PARKWAY, SUITE 1001 WESTBOROUGH, MA 01581		I Si ac tr	Cer hereby certify that th tates Postal Service v Idressed to the Mail ansmitted to the USP	tificate of M is Fee(s) Tra vith sufficient Stop ISSUI TO (571) 273	ailing or Transm nsmittal is being t postage for first E FEE address a 3-2885, on the da	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.
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01 FC:1503 1100.00 DA			Bonyb			· (Signature)
•	•	L		March 2	8, 2007	(Date)
APPLICATION NO. FILING DATE	FI	IRST NAMED INVENTO)R	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
09/715,643 11/17/2000		Yoav Raz		EMS	-00201	8061
TITLE OF INVENTION: STORAGE BASED APPARATU	S FOR ANTIVI	RUS				
04/02/2007 WABDELR3 00000013 050889 09715643)					
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KIM, JUNG W	2132	726-024000			·	
 Change of correspondence address or indication of "Fee A CFR 1.363). 	ddress" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Muirhead & Saturnelli, LLC				
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3 ASSIGNEE NAME AND RESIDENCE DATA TO BE P	RINTED ON TI-	IE PATENT (print or t	ype)			
PLEASE NOTE: Unless an assignce is identified below recordation as set forth in 37 CFR 3.11 Completion of the	, no assignee da	ata will appear on the	patent. If an assign	ee is identifie	ed below, the do	cument has been filed for
(A) NAME OF ASSIGNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
EMC CORPORATION		HOPKINTON	MASSACHUSET	TS		
Please check the appropriate assignee category or categories	(will not be prin	ted on the patent):	☐ Individual ဩ Co	orporation or	other private gro	up entity Government
4a. The following fee(s) are submitted: ☐ Issue Fee	[b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.				
Publication Fee (No small entity discount permitted) Advance Order - # of Copies		☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-0889 (enclose an extra copy of this form)				
5 Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 C	SED 1.27 [Terrer				
NOTE: The Issue Fee and Publication Fee (if required) will	not be accepted f	b Applicant is no lo	onger claiming SMAI	LL ENTITY S	status Sec 37 CF	R 1 27(g)(2).
NOTE: The Issue Fee and Publication Fee (if required) will interest as shown by the records of the United States Patent a	and Trademark O	office.				
Authorized Signature Anno E. SATURNELLI		Date March 28, 2007 41,290 Registration No				
Typed or printed name	· · · · · · · · · · · · · · · · · · ·					
This collection of information is required by 37 CFR 1.311.7 an application. Confidentiality is governed by 35 U.S.C. 122 submitting the completed application form to the USPTO. This form and/or suggestions for reducing this burden, should Box 1450, Alexandria, Virginia 22313-1450 DO NOT SEN Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are						

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Yoav Raz, et al.

Examiner:

KIM, Jung W.

Serial No.:

09/715,643

Art Unit::

2132

Filed:

November 17, 2000

Atty. Docket:

EMS-00201

For:

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I hereby certify that the foregoing document is being deposited with the United States Postal Service, postage prepaid, first class mail, in an envelope addressed to: MAIL STOP: ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 28, 2007.

Bony B

Bonny Rogers

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TRANSMITTAL OF ISSUE FEE

Sir:

In response to the Notice of Allowance dated January 31, 2007 for the above-referenced application, please charge the amount of \$1,115.00 for the issue fee and 5 soft copies to our **Deposit** Account No. 050889.

Although we believe that we have appropriately provided for any fees due in connection with this submission, the Commissioner is hereby authorized to credit any overpayment or charge any deficiencies to/from our **Deposit Account No. 050889.** Two originally-executed copies of this form are being submitted.

Respectfully submitted,

MUIRHEAD AND SATURNELLI, LLC

Anne E. SATURNELLI, Reg. No. 41,290

Muirhead and Saturnelli, LLC 200 Friberg Parkway, Suite 1001 Westborough, MA 01581

Tel: (508) 898-8601 Fax: (508) 898-8602 Date: March 28, 2007